



DEPENDENT VERIFICATION
P.O. Box 1587
Jeffersonville, IN 47131

March 5, 2010

emp_name
street
street2
city, state zip



Upload. www.mydependentcheck.com/KEHP



FAX. (888) 688-2036



Mail. P.O. Box 1587, Jeffersonville, IN 47131



PHONE. (877) 223-8478

REFERENCE NUMBER : EID

RESPOND BY : MARCH 24, 2010

ACTION MAY BE REQUIRED.

IMPORTANT INFORMATION ABOUT YOUR HEALTHCARE COVERAGE

Dear emp_name,

As part of our commitment to control health care costs, the Commonwealth of Kentucky is taking steps to ensure that only eligible dependents are covered under the Kentucky Employees' Health Plan (KEHP). To accomplish this, KEHP has retained the services of Chapman Kelly, Inc. (Chapman Kelly), an independent firm, to conduct a dependent eligibility verification program. This program is intended to ensure that each dependent enrolled in the Kentucky Employees' Health Plan is accurately listed and eligible for coverage.

The initial phase of the program is an Amnesty Phase which will take place from **March 5, 2010 to March 24, 2010**. This phase allows each enrolled employee the opportunity to carefully review the definitions of an eligible dependent (on the reverse side of this letter) and remove any dependent(s) that do not meet eligibility criteria. **If you remove an ineligible dependent during the Amnesty Phase, there will be no repercussions of any kind.**

To remove an ineligible dependent, follow the detailed instructions to complete the form on the reverse side of this letter. You may complete the form and submit via fax to (888) 688-2036; or mail the enclosed envelope by **March 24, 2010**. If you remove an ineligible dependent during the Amnesty Phase, the dependent's last date of KEHP health insurance coverage will be **March 31, 2010**.

Following the completion of the Amnesty Phase, if you continue to have one or more dependent(s) enrolled in a health insurance plan with KEHP, you will receive a letter from Chapman Kelly that will detail the Verification Phase. During the Verification Phase, documentation will be required to validate each enrolled dependent's eligibility.

If your dependent is eligible under the plan based upon his/her student status, and the dependent must take a medically necessary leave of absence which would prevent him or her from maintaining eligibility under the plan, the dependent may still be eligible for coverage under the plan for up to one year after the medically necessary leave of absence begins. Your dependent's treating physician must submit a certification to KEHP which states that the child is suffering from a serious illness or injury and that the leave of absence (or other change in enrollment) is medically necessary.

If you have questions regarding the Amnesty Phase, please review the enclosed Frequently Asked Questions document. For further assistance, please contact us at one of the following:



Online. www.mydependentcheck.com/KEHP

Sincerely,



PHONE(877) 223-8478



FAX(888) 688-2036

Frederick D. Nelson, J.D.
Commissioner, Department of Employee Insurance

SEE REVERSE SIDE TO COMPLETE (OVER) →

Carefully review the sections below on **ENROLLED DEPENDENTS & THEIR DEFINITIONS**

- ☛ For Covered Dependents who **DO NOT** meet the applicable definition of an eligible dependent, you must check the **BOX** under '**REMOVE this Dependent from Coverage**' Please note that this action should be taken **ONLY** if the dependent **DOES NOT** meet the definition of an eligible dependent.
- ☛ You **MUST** include the date on which each dependent became ineligible. This information may be used to determine the dependent's eligibility for COBRA continuation coverage, if applicable. *For more information regarding COBRA – see the enclosed Frequently Asked Questions.*

ENROLLED DEPENDENTS

Enrolled Dependent Name(s)	<u>REMOVE</u> this dependent from Coverage	If this dependent was previously eligible, on what date did he/she no longer meet the guidelines of an eligible dependent?
Dep_1	<input type="checkbox"/>	
Dep_2	<input type="checkbox"/>	
Dep_3	<input type="checkbox"/>	
Dep_4	<input type="checkbox"/>	
Dep_5	<input type="checkbox"/>	
Dep_6	<input type="checkbox"/>	
Dep_7	<input type="checkbox"/>	
-Dep_8	<input type="checkbox"/>	

DEFINITION OF AN ELIGIBLE DEPENDENT

SPOUSE

- ✓ An employee's, retiree's, or beneficiary's legally married spouse

CHILD

- ✓ Your unmarried *child** through the end of the month the child turns 25 who is primarily dependent on you (the employee, retiree, or beneficiary) for the child's maintenance and support and who lives with you (the employee, retiree or beneficiary) unless the child is presently enrolled as a full-time student. Coverage is also extended to children of any age who are categorized as permanently disabled before age 25 and who are completely dependent upon the employee or retiree.

**A child is defined as the employee's, retiree's or beneficiary's son; daughter; stepson; stepdaughter; eligible foster child ; adopted child; or grandchild (if the employee, retiree or beneficiary has legal guardianship or custody papers).*

SUBMISSION REVIEW / SIGN & DATE

If all of your Covered Dependents meet the eligibility guidelines, . You do not need to return this letter. Further information will be provided to you during the Verification Phase.

IF YOU CHECKED ANY BOXES ABOVE TO REMOVE ANY DEPENDENTS: SIGN and DATE this letter and return this letter no later than **March 24, 2010**. You may fax the letter to (888) 688-2036 or mail the letter using the enclosed envelope.

By my signature on this form, I certify and warrant to the Commonwealth of Kentucky that all information on this form is true, correct, and current as of the date signed and any attempt to maintain coverage for an ineligible dependent will be subject to appropriate disciplinary action.

Signature of Employee (REQUIRED): _____ Date: _____

DEADLINE FOR AMNESTY IS March 24, 2010

Reference Number: <EID>



WEB – available 24 hours a day, 7 days a week

Visit us at: www.mydependentcheck.com/KEHP

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Employee Name: <Emp Name>



FAX – available 24 hours a day, 7 days a week

(888) 688-2036

• fast, paperless document submission •



PHONE – available 8am – 8pm M-F EST

(877)223-8478

• status updates • customer service •

 PLEASE RETAIN FOR YOUR RECORDS. THE INFORMATION LISTED ABOVE IS VITAL TO COMPLETING THIS AUDIT.

FREQUENTLY ASKED QUESTIONS

Additional FAQs and eligibility rules are located at www.mydependentcheck.com/KEHP

WHY IS THIS VERIFICATION PROGRAM BEING CONDUCTED?

The Kentucky Employees' Health Plan (KEHP) is sensitive to the rising costs of health care premiums for its employees and feels that this verification is necessary:

- In order to control premium and claim costs, insurance dollars should only pay for eligible dependents.
- As laws become more stringent, dependent verification is an important tool to maintain enrollment accuracy and prevent fraud.

WHO IS CHAPMAN KELLY, INC.?

Chapman Kelly, Inc. is an independent third-party audit company with which KEHP has contracted to verify the eligibility of dependents covered under its medical health care plans. Chapman Kelly, Inc. specializes in verifying health plan eligibility and has audited verification documentation for hundreds of thousands of dependents for some of the largest employers in the United States. The verification process includes the handling and proper disposal of sensitive personal information. Experience and expertise are necessary to complete this program carefully and successfully, and to limit the inconvenience to participants.

WHAT HAPPENS AFTER THE AMNESTY PHASE?

After the end of the Amnesty Phase, the dependent Verification Phase will begin. During the Verification Phase documentation will be required for each enrolled dependent to validate eligibility.

WHAT TYPES OF DOCUMENTATION WILL BE REQUIRED DURING THE VERIFICATION PHASE?

Documents will include items such as marriage certificates, birth certificates, and copies of other documents that validate current relationship status. You will receive a letter from Chapman Kelly that will detail the specific document requirements to validate each eligible dependent.

CAN EXCEPTIONS BE GRANTED TO ALLOW MY INELIGIBLE DEPENDENT TO STAY COVERED?

No. Only dependents eligible for coverage according to KEHP's eligibility rules may remain covered. However, if a dependent is no longer eligible because of a "qualifying event," he or she may be eligible for continuation of group coverage under COBRA if timely notice of his/her COBRA-qualifying event is provided to your employer in accordance with COBRA regulations.

WHAT HAPPENS IF I DO NOT SUBMIT ALL REQUIRED DOCUMENTS BY THE VERIFICATION DEADLINE?

If you **fail to provide** information for enrolled dependents by the Verification Phase deadline — or if you **knowingly submit false information** — one or more of the following actions may occur:

- The ineligible dependent(s) and/or dependents for whom complete documentation has not been submitted will be removed from coverage.
- KEHP may seek to recover all claims paid during the period that the ineligible dependent was covered.
- You may be subject to disciplinary action.

KEHP has the ultimate authority and discretion for determining how best to handle each individual case.

* **You do NOT need to send any documentation at this time as the program is in the Amnesty Phase.**

WHAT IS THE CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT (COBRA)?

The Consolidated Omnibus Budget Reconciliation Act (COBRA) gives workers and their families who lose their health benefits the right to choose to continue group health benefits provided by their group health plan for limited periods of time under certain circumstances such as voluntary or involuntary job loss, reduction in the hours worked, transition between jobs, death, divorce, and other life events. Qualified individuals should contact their Insurance Coordinator representative for COBRA details.

HOW DOES MICHELLE'S LAW AFFECT MY STUDENT?

If your dependent is eligible under KEHP based upon his or her student status, and the dependent must take a medically necessary leave of absence from school which would prevent him or her from maintaining eligibility under the Plan, the dependent may still be eligible for coverage under the plan for up to one year after the medically necessary leave of absence begins. Your dependent's treating physician must also submit a certification to the KEHP which states that the child is suffering from a serious illness or injury and that the leave of absence (or other change in enrollment) is medically necessary.

For further assistance you may visit the website for this program, www.mydependentcheck.com/KEHP. Chapman Kelly Customer Care Representatives are available toll-free at (877) 233-8478 Monday through Friday 8AM – 8PM EST. When mailing documents please send to P.O. Box 1587, Jeffersonville, IN 47131.